

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	u		07-5
O.I.P.E. CLASSIFIER	~	32	
FORMALITY REVIEW	112	078	4/9/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	3603 9-5-03
2	✓
3	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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